

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Infusion AWP%	DME Infusion Limit	Blood AWP%	Blood limit	Clotting Factor	Notes
90714	Td vaccine no prsrv >= 7 yo, im	0.5 ML	21.590								
90715	Tdap => 7 yo, im	0.5 ML	36.274								
90732	Pneumococcal vaccine	0.5 ML	77.847	95	77.847						
90740	Hepb vacc, ill pat 3 dose im	40 MCG	119.415	95	119.415						
90743	Hep b vacc, adul, 2 dose, im	1 DOSE	24.216	95	24.216						
90744	Hepb vacc ped/adol 3 dose im	1 DOSE	24.216	95	24.216						
90746	Hep b vaccine, adult, im	20 MCG	59.708	95	59.708						
90747	Hepb vacc, ill pat 4 dose im	40 MCG	119.415	95	119.415						
A9575	Inj gadoterate meglumi	0.1 ml	0.249								
A9576	Inj prohance multipack	1 ML	1.745								
A9577	Inj multihance	1 ML	2.211								
A9578	Inj multihance multipack	1 ML	2.084								
A9579	Gad-base MR contrast NOS,1ml	1 ML	2.026								
A9581	Gadoxetate disodium inj	1 ML	13.975								
A9583	Gadofosveset trisodium inj	1 ML	12.191								
A9585	Gadobutrol injection	0.1 ML	0.404								
A9606	Radium ra223 dichloride ther	1 microCurie	N/A								Added January 2015 microCurie 100% AWP = \$136.58 microCurie 100% WAC = \$113.82
J0129	Abatacept injection	10 MG	33.154								
J0130	Abciximab injection	10 MG	804.370								
J0132	Acetylcysteine injection	100 MG	1.564								AMP-based payment limit
J0133	Acyclovir injection	5 MG	0.068								
J0135	Adalimumab injection	20 MG	630.647								
J0153	Adenosine inj 1mg	1 MG	0.847								Added January 2015
J0171	Adrenalin epinephrine inject	0.1 MG	0.137								
J0178	Aflibercept injection (ophthalmic)	1 MG	980.500								
J0180	Agalsidase beta injection	1 MG	152.348								
J0207	Amifostine	500 MG	479.049								
J0210	Methyldopate hcl injection	250 MG	42.400								
J0215	Alefacept	0.5 MG	41.644								
J0220	Alglucosidase alfa injection	10 MG	206.634								
J0221	Lumizyme injection	10 MG	153.618								
J0256	Alpha 1 proteinase inhibitor	10 MG	4.241								
J0257	Glassia injection	10 MG	3.975								
J0278	Amikacin sulfate injection	100 MG	1.192								
J0280	Aminophyllin 250 MG inj	250 MG	3.211								
J0285	Amphotericin B	50 MG	16.895			95	10.280				
J0287	Amphotericin b lipid complex	10 MG	11.012			95	21.850				
J0289	Amphotericin b liposome inj	10 MG	16.984			95	35.800				

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Infusion AWP%	DME Infusion Limit	Blood AWP%	Blood limit	Clotting Factor	Notes
J0697	Sterile cefuroxime injection	750 MG	2.718								
J0698	Cefotaxime sodium injection	1 GM	1.904								
J0702	Betamethasone acet&sod phosph	3 MG & 3 MG	5.899								
J0712	Ceftaroline fosamil inj	10 MG	1.130								
J0713	Inj ceftazidime per 500 mg	500 MG	2.062								
J0717	Certolizumab Pegol Inj 1mg	1 MG	6.602								
J0720	Chloramphenicol sodium injec	1 GM	31.736								
J0725	Chorionic gonadotropin/1000u	1000 UNITS	18.395								
J0735	Clonidine hydrochloride	1 MG	21.876								
J0740	Cidofovir injection	375 MG	584.513								
J0743	Cilastatin sodium injection	250 MG	5.116								
J0744	Ciprofloxacin iv	200 MG	1.098								
J0770	Colistimethate sodium inj	150 MG	11.594								
J0775	Collagenase, clost hist inj	0.01 MG	38.453								
J0780	Prochlorperazine injection	10 MG	13.841								
J0795	Corticorelin ovine triflatal	1 MCG	7.734								
J0800	Corticotropin injection	40 UNITS	3324.953								
J0834	Cosyntropin cortrosyn inj	0.25 MG	47.021								
J0840	Crotalidae poly immune fab	UP TO 1 GM	2493.120								
J0850	Cytomegalovirus imm IV /vial	PER VIAL	1013.869								
J0878	Daptomycin injection	1 MG	0.708								
J0881	Darbepoetin alfa, non-esrd	1 MCG	3.899								
J0882	Darbepoetin alfa, esrd use	1 MCG	3.899								
J0885	Epoetin alfa, non-esrd	1000 UNITS	11.894								
J0886	Epoetin alfa 1000 units ESRD	1000 UNITS	11.894								
J0894	Decitabine injection	1 MG	27.267								
J0895	Deferoxamine mesylate inj	500 MG	8.931			95	15.630				
J0897	Denosumab injection	1 MG	14.685								
J1000	Depo-estradiol cypionate inj	5 MG	10.977								
J1020	Methylprednisolone 20 MG inj	20 MG	3.444								
J1030	Methylprednisolone 40 MG inj	40 MG	3.347								
J1040	Methylprednisolone 80 MG inj	80 MG	6.148								
J1050	Medroxyprogesterone acetate	1 MG	0.296								
J1071	Inj testosterone cypionate	1 MG	0.033								Added January 2015
J1100	Dexamethasone sodium phos	1 MG	0.152								
J1110	Inj dihydroergotamine mesylt	1 MG	53.689								
J1120	Acetazolamid sodium injectio	500 MG	21.398								
J1160	Digoxin injection	0.5 MG	9.471								
J1162	Digoxin immune fab (ovine)	PER VIAL	2051.630								
J1165	Phenytoin sodium injection	50 MG	0.570								
J1170	Hydromorphone injection	4 MG	2.128			95	1.490				

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Infusion AWP%	DME Infusion Limit	Blood AWP%	Blood limit	Clotting Factor	Notes
J1602	Golimumab for iv use 1mg	1 MG	23.920								
J1610	Glucagon hydrochloride/1 MG	1 MG	162.080								
J1626	Granisetron hcl injection	100 MCG	0.493								
J1630	Haloperidol injection	5 MG	2.794								
J1631	Haloperidol decanoate inj	50 MG	18.669								
J1640	Hemin, 1 mg	1 MG	20.730								
J1642	Inj heparin sodium per 10 u	10 UNITS	0.190								
J1644	Inj heparin sodium per 1000u	1000 UNITS	0.175								
J1645	Dalteparin sodium	2500 IU	12.858								
J1650	Inj enoxaparin sodium	10 MG	1.553								
J1652	Fondaparinux sodium	0.5 MG	3.891								
J1670	Tetanus immune globulin inj	250 UNITS	328.399								
J1720	Hydrocortisone sodium succ i	100 MG	6.347								
J1740	Ibandronate sodium injection	1 MG	123.876								
J1742	Ibutilide fumarate injection	1 MG	110.019								
J1743	Idursulfase injection	1 MG	483.095								
J1745	Infliximab injection	10 MG	74.113								
J1750	Inj iron dextran	50 MG	12.124								
J1756	Iron sucrose injection	1 MG	0.214								
J1786	Imuglucerase injection	10 UNITS	42.005								
J1790	Droperidol injection	5 MG	2.141								
J1800	Propranolol injection	1 MG	2.946								
J1815	Insulin injection	5 UNITS	0.476								
J1817	Insulin for insulin pump use	50 UNITS	5.321			95	2.800				
J1840	Kanamycin sulfate 500 MG inj	500 MG	7.685								
J1850	Kanamycin sulfate 75 MG inj	75 MG	1.153								
J1885	Ketorolac tromethamine inj	15 MG	0.471								
J1930	Lanreotide injection	1 MG	46.701								
J1931	Laronidase injection	0.1 MG	29.446								
J1940	Furosemide injection	20 MG	4.765								
J1950	Leuprolide acetate /3.75 MG	3.75 MG	810.144								
J1953	Levetiracetam injection	10 MG	0.116								
J1955	Inj levocarnitine per 1 gm	1 GM	8.578								
J1956	Levofloxacin injection	250 MG	2.181								
J1980	Hyoscyamine sulfate inj	0.25 MG	18.537								
J2001	Lidocaine injection	10 MG	0.019								
J2010	Lincomycin injection	300 MG	9.562								
J2020	Linezolid injection	200 MG	47.748								
J2060	Lorazepam injection	2 MG	0.697								
J2150	Mannitol injection	50 ML	1.735								
J2175	Meperidine hydrochl /100 MG	100 MG	5.003			95	0.560				

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Infusion AWP%	DME Infusion Limit	Blood AWP%	Blood limit	Clotting Factor	Notes
J9301	Obinutuzumab inj	10 MG	54.241								Added January 2015
J9302	Ofatumumab injection	10 MG	48.347								
J9303	Panitumumab injection	10 MG	96.980								
J9305	Pemetrexed injection	10 MG	60.696								
J9306	Injection, Pertuzumab, 1 mg	1 MG	10.218								
J9307	Pralatrexate injection	1 MG	204.470								
J9310	Rituximab injection	100 MG	725.435								
J9315	Romidepsin injection	1 MG	279.807								
J9320	Streptozocin injection	1 GM	336.008								
J9328	Temozolomide injection	1 MG	5.706								
J9330	Temsirolimus injection	1 MG	60.039								
J9351	Topotecan injection	0.1 MG	1.525								
J9354	Inj, Ado-trastuzumab Emt 1mg	1 MG	29.174								
J9355	Trastuzumab injection	10 MG	84.448			95	58.130				
J9357	Valrubicin injection	200 MG	1098.821								
J9360	Vinblastine sulfate inj	1 MG	2.636			95	4.100				
J9370	Vincristine sulfate 1 MG inj	1 MG	4.855			95	33.980				
J9371	Inj, vincristine sul lip 1 mg	1 MG	2142.595								
J9390	Vinorelbine tartrate inj	10 MG	10.403								
J9395	Injection, Fulvestrant	25 MG	91.302								
J9400	Inj, ziv-aflibercept, 1mg	1 MG	7.617								
P9041	Albumin (human),5%, 50ml	50 ML	10.908					95	10.908		
P9045	Albumin (human), 5%, 250 ml	250 ML	54.540					95	54.540		
P9046	Albumin (human), 25%, 20 ml	20 ML	22.488					95	22.488		
P9047	Albumin (human), 25%, 50ml	50 ML	53.438					95	53.438		
Q0138	Ferumoxytol, non-esrd	1 MG	0.781								
Q0139	Ferumoxytol, esrd use	1 MG	0.781								
Q0162	Ondansetron oral	1 MG	0.058								
Q0163	Diphenhydramine HCl 50mg	50 MG	0.231								
Q0164	Prochlorperazine maleate 5mg	5 MG	0.032								
Q0166	Granisetron hcl 1 mg oral	1 MG	1.475								
Q0167	Dronabinol 2.5mg oral	2.5 MG	6.874								
Q0169	Promethazine HCl 12.5mg oral	12.5 MG	0.058								
Q0180	Dolasetron mesylate oral	100 MG	84.397								
Q2035	Afluria vacc, 3 yrs & >, im	0.5 ml	11.885	95	11.885						see the Seasonal Influenza Vaccines Pricing webpage for current payment limits and effective dates
Q2036	Flulaval vacc, 3 yrs & >, im	0.5 ML	8.579	95	8.579						see the Seasonal Influenza Vaccines Pricing webpage for current payment limits and effective dates

Payment Allowance Limits for Medicare Part B Drugs

Effective January 1, 2015 through March 31, 2015

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q14 ASP data.

Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.